

Case Review Inquiry Form Instructions

The purpose of this document is to clarify the information that is pertinent to completing the case review inquiry form. Providing the pertinent information will prevent a delay in processing your request.

Section 1: General Information

Case Review Role – This form must be completed by either a case reviewer or quality assurance staff.

Case Type – Using your sample case list, identify whether the case type is in-home or foster care.

Period Under Review – Enter the sampling period start date.

Minor's First Name & Last Initial – For confidentiality purposes, do not provide the minor's full name; limit your response to only the minor's first name and last initial.

Section 2: Case Exclusion Request

1. **Date of case closure** – Enter the date on which the agency officially closed the case.
2. **Date of entry into foster care** – Enter the date the child was removed from his or her normal place of residence and placed in a substitute care setting under the placement and care responsibility of the state or local title IVE-B/IV-E agency. If a child has multiple entries into foster care during the period under review, then enter the date of the child's first entry into foster care during the period under review.
4. **Date of case closure** – Enter the date on which the agency officially closed the case.
5. **Birthdate of target child** – Enter the date of birth for the target child. Only applicable to foster care cases as there is no target child for in-home cases.
7. **Details** – Make sure all the case ID numbers are on your sample case list and provide each case ID number related to your inquiry. Additionally, this exclusion criterion should be used when a practice case that was reviewed appears on the sample case list. In this instance, be sure to indicate that the practice case was reviewed.
8. **Date of adoption finalization** – Enter the date the adoption was finalized.
9. **Placement type** – Enter where the child was placed i.e. locked juvenile facility.
10. **County of Jurisdiction** – Enter the county that currently has jurisdiction.
Date of transfer – Enter the date the case was transferred.
11. **Type of reasonable efforts made to reach and/or engage key individuals** – Enter dates attempts were made, types of attempts made, and identify the key participant. Furthermore, if the key participant is a child, then include their date of birth. In order to allow time for key participants to respond to your efforts, do not submit an inquiry form for this case exclusion criterion until three days post your last attempt to make contact.
12. **Details** – Enter the caseworker's name that is overrepresented and the number of cases in the sample, including the case ID numbers, which represent that single caseworker.

Section 3: Case Retention Request

13. **Type of reasonable efforts made to reach and/or engage key individuals** – Enter dates attempts were made, types of attempts made, and identify the key participant. Furthermore, if the key participant is a child, then include their date of birth. In order to allow time for key participants to respond to your efforts, do not submit an inquiry form for this case exclusion criterion until three days post your last attempt to make contact.
Other parties available for interview – Provide their relationship to the case as well as a description of how the other party is an appropriate substitute for the key participant.

How to Submit

Do not send the case inquiry form as an email attachment, instead use the submit button in the upper right hand corner of the form, which will send it directly to the case review inbox. Use the refresh button in the upper right hand corner after each submission of the form to ensure accuracy.

Case Review Inquiry Form

Section 1: General Information

County Name:	Period Under Review:
Submitted By:	Case ID #:
Case Review Role:	Case Type:
Date Submitted:	Minor's First Name & Last Initial:

Section 2: Case Exclusion Request

- 1) In-home services case open for fewer than 45 consecutive days during the period under review. Date of case closure:
- 2) In-home services case in which any child in the family was in foster care for more than 24 hours during the period under review. Date of entry into foster care:
- 3) A case open for subsidized adoption or guardianship payment only and not open to other services.
- 4) A foster care case that was discharged or closed according to agency policy before period under review. Date of case closure:
- 5) A case in which the target child reached the age of 18 before the period under review. Birthdate of target child:
- 6) A case in which the selected child is or was an "incoming" Interstate Compact on the Placement of Children (ICPC) case where the responsibility for that child lies in another state.
- 7) A case appearing multiple times in the sample, such as a case that involved siblings in foster care in separate cases or an in-home services case that was opened more than one time during a sampling period. Details:
- 8) A foster care case in which the child's adoption or guardianship was finalized before the period under review begins, and the child is no longer under the care of the child welfare or probation agency. Date of adoption finalization:
- 9) A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition of foster care. Placement type:
- 10) A case that has subsequently been transferred to another county. County of jurisdiction: Date of transfer:
- 11) A key participant in a case is excluded from the interview and sufficient information and perspectives from other key participants cannot be obtained. Type of reasonable efforts made to reach and/or engage key individuals:
- 12) A situation which case selection would result in overrepresentation of a single caseworker relative to county size. Details:

Case Review Inquiry Form

Section 3: Case Retention Request

- 13) A key participant in a case is excluded from the interview and sufficient information and perspectives is available from other parties.
Type of reasonable efforts made to reach and/or engage key individuals:

Other parties available for interview:

FOR CDSS STAFF ONLY

Request Approved

Request Denied

Reason:

Date Verified in CWS/CMS:

Date Reviewed:

Reviewed By:

Replacement Case ID #: